

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J		1/14/02
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	579	1/15/02
RESPONSE FORMALITY REVIEW	SK	835	02/28/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9/1/02
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If more than 150 claims or 10 actions  
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705/579

9/1/02  
 9/1/02  
 02-22-02